



#16/RCE
Hawke
12/10/02

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

BOX RCE
Commissioner of Patents
Washington, D.C. 20231

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000,
provides for continued examination of an utility or
plant application filed on or after June 8, 1995

| | |
|----------------------|--|
| Application Number | 09/688,867 |
| Confirmation Number | 2472 |
| Filing Date | October 17, 2000 |
| First Named Inventor | Masahiko FUJITA |
| Group Art Unit | 2834 |
| Examiner Name | TRAN N. NGUYEN |
| Matter Number | Q61035 |
| Title | IRON CORE OF ROTATING-ELECTRIC MACHINE AND MANUFACTURING METHOD FOR THE SAME |

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1. SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114

- a. ☒ Previously submitted
- i. ☒ Please enter and consider the amendment(s)/reply under 37 C.F.R. § 1.116
previously filed on September 30, 2002
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statements (IDS)
- iv. ☒ Petition for Extension of Time
- v. ☐ Other _____

12/02/2002 DABRANH1 00000000 09688867

01 FD:1801

740.00 DP

2. MISCELLANEOUS

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a
period of _____ months
- b. ☐ Other _____

3. FEES

A check for the RCE statutory fee of \$740.00 is attached. The USPTO is directed and authorized to charge all
required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any
overpayments to said Deposit Account. A duplicate copy of this transmittal letter is attached.

SIGNATURE OF ATTORNEY

Name Richard C. Turner Registration No. 29,710

Signature Grant K. Turner for Richard Turner Date November 27, 2002

Reg. No. 41,278

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/688867

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

TYPE ☐

OR

OTHER THAN
SMALL ENTITY

| | | |
|---|--------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | minus 20 = * | ✓ |
| INDEPENDENT CLAIMS | minus 3 = * | -- |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 370.00 |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 740.00 |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL | |

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|---|------------------------------------|---------------|
| | Total | * | Minus | ** |
| | Independent | * | Minus | *** |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|---|------------------------------------|---------------|
| | Total | * | Minus | ** |
| | Independent | * | Minus | *** |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|---|------------------------------------|---------------|
| | Total | * | Minus | ** |
| | Independent | * | Minus | *** |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.